

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	MARGETTA LANGLOIS	COURT CASE NUMBER	04-CV-11588-724
DEFENDANT	SAMUEL POLLACK	TYPE OF PROCESS	SERVICE OF CIVIL LAWSUIT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	SAMUEL POLLACK @ PHONE- 617-239-3000		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	50 CONGRESS ST. SUITE 430 BOSTON, MASS. 02109		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
MARGETTA LANGLOIS c/o P.O. Box 1016 METHUEN, MASS. 01844	Number of parties to be served in this case	2
	Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Daytime - week days - call for app.

Signature of Attorney or other Originator requesting service on behalf of:

Margetta Langlois

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(727) 514-3957

DATE

8/26/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin  
No. 38District to Serve  
No. 38

Signature of Authorized USMS Deputy or Clerk

Henry Inoué

Date

8/30/04

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 9/2/04 Time 11:15 am

Signature of U.S. Marshal or Deputy

J. Frank

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

United States District Court

DISTRICT OF

Massachusetts

Margaret Anglois

SUMMONS IN A CIVIL ACTION

v.

CASE NUMBER:

04-C.V. 11588

JUDGE ZOBEL

Samuel Pollack

TO: (Name and Address of Defendant)

Attorney Samuel Pollack  
50 Congress St. Suite 430  
Boston, MA 02109  
617-259-3000

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

pro-se C/o P.O. Box 309,  
Holt, MA 01534-0309 (727) 514-3857

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

TONY ANASTAS

CLERK

Ami A. Wynnian

BY DEPUTY CLERK

DATE

8/9/04

